



REIMBURSEMENT (STD. 701R) FORM CHECKLIST

CHECK SECTIONS COMPLETED BY THE EMPLOYEE (1 THRU 7) TO ENSURE THE FOLLOWING:

- ☐ Form is legible.
- ☐ “Open Enrollment” box is selected in section 1.
- ☐ Employee Social Security Number matches the employee’s name.
- ☐ Form is signed and dated by employee (original signature is required).
- ☐ Section 5 indicates the total monthly amount to be withheld from employee’s paycheck and must be within the allowable range. This amount should be what will be deducted monthly, not the total yearly amount.

Reimbursement Account	Minimum Monthly Amount	Maximum Monthly Amount
Medical	\$10	\$225.00
Dependent Care	\$20	\$416.66

CHECK SECTIONS COMPLETED BY PERSONNEL OFFICE (8 THRU 20) TO ENSURE THE FOLLOWING:

- ☐ Effective date of action is 01-01-20.
- ☐ Permitting Event Date is blank.
- ☐ Permitting Event Code is blank.
- ☐ Form is signed and dated by Personnel Specialist.
- ☐ The Personnel Specialist contact phone number and contact email address is legible.

HELPFUL HINTS

- ☐ Those who do not have continuous employment such as LT or TAU positions may not enroll in reimbursement accounts, unless the employee has a mandatory right of return to a permanent position with a time-base that is half-time or more.
- ☐ Permanent Intermittent employees are not eligible to enroll in a Medical and/or Dependent Care Reimbursement Account.
- ☐ The maximum contribution amount for medical reimbursement accounts is \$2,700 per year.

- ☐ The maximum contribution into a dependent care reimbursement account is \$5,000 per household per year.
- ☐ When sending revisions to a form already submitted for open enrollment processing, clearly mark the document as revised.
- ☐ Be sure to use the current form.

RESOURCES

- ☐ [Benefits Administration Manual \(BAM\).](#)
- ☐ [Open Enrollment Toolkit.](#)